MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/104 702   APPLICANT(S)   FILING DATE 12-03-01

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
(1)	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
(8)	1		1			
9		1				
10		1				
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50						
TOTAL IND.						
TOTAL DEP.		13				
TOTAL CLAIMS		17				

Claim	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53					1	
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55	1					
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TOTAL IND.						
TOTAL DEP.						
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